

NAME AND ADDRESS OF ATTORNEY: 	TELEPHONE NO.: 	FOR COURT USE ONLY
ATTORNEY FOR: SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO <input type="checkbox"/> 351 North Arrowhead Avenue, San Bernardino, CA 92415-0210 <input type="checkbox"/> 8303 Haven Avenue, Rancho Cucamonga, CA 91730 <input type="checkbox"/> 14455 Civic Drive, Victorville, CA 92392 <input type="checkbox"/> 235 East Mountain View, Barstow, CA 92311 <input type="checkbox"/> 6527 White Feather Road, Star Route 1, Box 60, Joshua Tree, CA 92252 <input type="checkbox"/> 216 Brookside Avenue, Redlands, CA 92373 <input type="checkbox"/> 17780 Arrow Highway, Fontana, CA 92335 <input type="checkbox"/> 13260 Central Avenue, Chino, CA 91710		
PLAINTIFF(S)/PETITIONER(S): 		
DEFENDANT(S)/RESPONDENT(S): 		
PROOF OF PERSONAL SERVICE		CASE NUMBER:

Hearing: Date
 Time
 Dept.

I served a copy of the following documents (list documents):

Person served (name):

By personally delivering copies to the person served, as follows:

(1) Date _____ (2) Time _____

(3) Address _____

At the time of service I was at least 18 years of age and not a party to this cause.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on (date) _____ , at (place) _____

Type or Print Name

Signature

ACIS Code
33208(02)

PROOF OF PERSONAL SERVICE

NAME AND ADDRESS OF ATTORNEY:		TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR:			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO <input type="checkbox"/> 351 North Arrowhead Avenue, San Bernardino, CA 92415-0210 <input type="checkbox"/> 8303 Haven Avenue, Rancho Cucamonga, CA 91730 <input type="checkbox"/> 14455 Civic Drive, Victorville, CA 92392 <input type="checkbox"/> 235 East Mountain View, Barstow, CA 92311 <input type="checkbox"/> 6527 White Feather Road, Star Route 1, Box 60, Joshua Tree, CA 92252 <input type="checkbox"/> 216 Brookside Avenue, Redlands, CA 92373 <input type="checkbox"/> 17780 Arrow Highway, Fontana, CA 92335 <input type="checkbox"/> 13260 Central Avenue, Chino, CA 91710			
PLAINTIFF(S)/PETITIONER(S):			
DEFENDANT(S)/RESPONDENT(S):			
PROOF OF SERVICE BY MAIL			CASE NUMBER:

Hearing: Date
 Time
 Dept.

I am over the age of 18 and not a party to this action. I am a resident of or employed in the county where the mailing occurred. My residence or business address is:

I served a copy of the following documents (list documents):

by placing a true copy of each document in the United States mail, in a sealed envelope with postage fully prepaid, as follows:

- a. Date of deposit:
- b. Place of deposit (city and state):
- c. Addressed as follows:

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on (date) _____, at (place) _____, California.

 Type or Print Name

 Signature

**ACIS Code
 33208(02)**

PROOF OF SERVICE BY MAIL